

226548
226573

CLASS C AMENDMENT FORM

<p>File the original with:</p> <p>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</p> <p>RECEIVED</p> <p>OCT 26 2010</p> <p>PSC SC CLERK'S OFFICE</p>	<p>Mail or fax a copy to:</p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p>
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DATE: 10-26-10

Docket ~~1984-29-T~~
2010-201-T
1984-29-T

I have the following Certificate:

☒ Class C Taxi # 3986 ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate

☐ **Name Change**

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From: _____ DBA: T.T.W.W.W
(Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
(New Name) (New DBA if applicable)

Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

☒ **Passenger Limit**

From: (5) Five To: (7) Seven
(Current Limit Number) (New Limit Number)

Yellow Cab of Conway LLC
David T. Wellon's Sr.
Name & DBA if DBA is applicable)

1818 North Main Street
(Street and/or Mailing Address)

Conway S.C. 29526
(City, State, Zip Code)

Francis Newman
(Signature)

213-248 4069
(Telephone Number)

Manager
(Title) Owner, President, etc.

Yellow Cab
1818 Main Street
Conway, S. C. 29526
(843) 248-9069
Fax (843) 248-6439

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ORS
T.T.W.W.W

Facsimile Transmittal

To: Curriel

Fax # 803-737-0815

From: Yellow Cab of Conway Date:

Time:

Re Attn: Chris Nier

of Pages: 2

NOTES:

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